

MID-MANAGEMENT LEADERSHIP ACADEMY NOMINATION FORM

**October 5 – 8
and
November 2 – 4, 2009**

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Agency/Division: _____

Candidate Name: _____

Candidate Position: _____

Candidate Email Address: _____

Candidate Phone Number: _____

Candidate Mailing Address: _____

Answer the following questions and return to Rachael Stich at RachaelS@dop.wa.gov

1. Identify why this individual is a good candidate to attend the Mid-Management Leadership Academy.
2. Describe this individual's leadership capabilities and competencies.